

**Application Data Sheet**  
**Application Information**

**Application number::**

**Filing Date::**

**Application Type::** REGULAR

**Subject Matter::** UTILITY

**Suggested classification::**

**Suggested Group Art Unit::**

**CD-ROM or CD-R?::** NONE

**Number of CD disks::**

**Number of copies of CDs::**

**Sequence submission?::** PAPER

**Computer Readable Form (CRF)?::**

**Number of copies of CFR::**

**Title::** METHOD FOR DYNAMICALLY  
GENERATING A WRAPPER

**Attorney Docket Number::** BEAS-01339US3

**Request for Early Publication?::** NO

**Request for Non-Publication?::** NO

**Suggested Drawing Figure::** 3

**Total Drawing Sheets::** 4

**Small Entity?::** NO

**Latin name::**

**Variety denomination name::**

**Petition included?::** NO

**Petition Typ ::**

**Licensed US Govt. Agency::**

**Contract or Grant Numbers::**

**Secrecy Order in Parent Appl.?:** NO

**Applicant Information**

**Applicant Authority Type::** INVENTOR

**Primary Citizenship Country::** CHINA

**Status::** FULL CAPACITY

**Given Name::** FEI

**Middle Name::**

**Family Name::** LUO

**Name Suffix::**

**City of Residence::** BEDMISTER

**State or Province of Residence::** NJ

**Country of Residence::** US

**Street of mailing address::** 268 LONG MEADOW ROAD

**City of mailing address::** US

**State or Province of mailing address::** NJ

**Country of mailing address::** US

**Postal or Zip Code of mailing address::** 07921

**Applicant Authority Type::** INVENTOR

**Primary Citizenship Country::** US

**Status::** FULL CAPACITY

**Given Name::** ALEXANDER

**Middle Name::**

**Family Name::** SOMOGYI

**Name Suffix::**

**City of Residence::** BERNARDSVILLE  
**State or Province of Residence ::** NJ  
**Country of Residence::** US  
**Street of mailing address::** 87 RAVINE LAKE ROAD, HAYLOFT  
**City of mailing address::** BERNARDSVILLE  
**State or Province of mailing address::** NJ  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 07924

**Applicant Authority Type::** INVENTOR  
**Primary Citizenship Country::** US  
**Status::** FULL CAPACITY  
**Given Name::** WILLIAM  
**Middle Name::** JOHN  
**Family Name::** GALLAGHER  
**Name Suffix::**

**City of Residence::** EASTON  
**State or Province of Residence::** PA  
**Country of Residence::** US  
**Street of mailing address::** 1885 DAYTON  
**City of mailing address::** EASTON  
**State or Province of mailing address::** PA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 18040

**Applicant Authority Type::** INVENTOR  
**Primary Citizenship Country::** INDIA

<b>Status::</b>	FULL CAPACITY
<b>Giv n Name::</b>	RAHUL
<b>Middle Name::</b>	
<b>Family Name::</b>	SRIVASTAVA
<b>Name Suffix::</b>	
<b>City of Residence::</b>	RANDOLPH
<b>State or Province of Residence::</b>	NJ
<b>Country of Residence::</b>	US
<b>Street of mailing address::</b>	27 ARNOLD DRIVE
<b>City of mailing address::</b>	RANDOLPH
<b>State or Province of mailing address::</b>	NJ
<b>Country of mailing address::</b>	US
<b>Postal or Zip Code of mailing address::</b>	07869

### **Correspondence Information**

<b>Correspondence Customer Number::</b>	23910
<b>Phone number::</b>	(415) 362-3800
<b>Fax Number::</b>	(415) 362-2928
<b>Email address::</b>	SBachmann@fdml.com

### **Representative Information**

<b>Representative Customer Number::</b>	23910
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### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/450,614	02/28/03

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee Name:: BEA SYSTEMS, INC.  
Street of mailing address:: 2315 NORTH FIRST STREET  
City of mailing address:: SAN JOSE  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95131